

SENATE MANAGED CARE LEGISLATION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GREEN) is recognized for 5 minutes.

Mr. GREEN of Texas. Mr. Speaker, I rise tonight to encourage our House leadership to bring the Patients' Bill of Rights to the floor as soon as possible, hopefully next week.

The Senate took historic steps before the July 4 recess to pass a bipartisan, meaningful Patients' Bill of Rights. The McCain-Kennedy compromise legislation includes strong patient protections that will ensure high quality health care for millions of Americans with private health insurance coverage.

These protections include:

Access. Patients will be able to go directly to specialists. Women have the right to go to their OB-GYNs, and children directly to their pediatricians.

Communication. The Senate bill eliminates gag clauses which prohibit doctors from discussing all the treatment options, even those not covered by the plan, with their patients.

Emergency room care for patients who reasonably believe that they are suffering from an emergency medical condition, so they do not have to drive by an emergency hospital to go to the one that is on their list.

Internal-external appeals, which ensures that patients have access to timely and appropriate health care.

And probably the most important is accountability if an HMO's denial or delay of treatment causes a person's injury or death.

Many critics of this legislation say it would result in an onslaught of frivolous and expensive litigation, but this compromise bill also included many provisions to prevent such lawsuits from taking place.

For example, the legislation requires patients to exhaust all their appeal procedures before they can sue their health plan. By requiring that patients utilize an independent review panel, the bill makes sure that medical decisions are made in the best interests of medical practice in a timely manner.

In my home State of Texas, we have been using independent review organizations, or IROs, as we call them, to resolve HMO and patient coverage disputes since 1997, 4 years. These IROs are made up of experienced physicians who have the capability and the authority to resolve disputes for cases involving medical judgment.

These provisions have been successful not only because they protect patients, but also because they protect the insurers. Plans that comply with the independent review organization's decision cannot be held liable for punitive damages if they do go to court.

This plan has worked well. Since 1997, more than 1,000 patients and physicians have challenged the decisions of HMO plans. The independence of this process is demonstrated by its fairly

even split. Of this about 1,000 appeals, in only 55 percent of these cases did the IRO fully or partially reverse the decision of that HMO.

The Senate legislation protects employers from unnecessary litigation.

Let me go back to the independent review organizations. Fifty-five percent of the time, these IROs found that there was something wrong with the HMO's decision. I would hope that our medical decisions have a better percentage than to flip a coin, so in 55 percent of the cases in Texas, either partially or totally the HMO was reversed by the independent review organization.

The bill goes so far because it protects employers against any liability unless they are directly participating in the decision on a claim for benefits which result in personal injury or death.

The bill specifically lists a number of areas that are not considered direct participation. In other words, as an employer, one could select the health plan, choose benefits to be covered under the plan, buy a Cadillac plan or a Chevrolet plan, and the employer would not be sued for that, or for advocating with the health plan on behalf of the beneficiary for coverage.

I know in my own experience as a small business, oftentimes my biggest problem was advocating for our employees with our health insurance plan to say it should be covered.

The only case where an employer would be liable would be if they choose to make medical decisions which harm or kill a patient. If the employer acts like a doctor, then the McCain-Kennedy bill hold them responsible like a doctor.

Mr. Speaker, I mentioned earlier, we have had many of these same provisions in Texas law now for 4 years. Yet, we have not seen a barrage of frivolous lawsuits, nor have insurance premiums risen at a faster rate than anywhere else in the Nation.

Mr. Speaker, the Dingell-Ganske bill here in the House is very similar to the McCain-Kennedy bill, which is very similar to a law that we have had on the books in Texas for 4 years. It contains many of the same compromise provisions, which at the same time ensure that these protections can be enforced.

It is time that the House followed suit and passed a real, meaningful, strong, bipartisan Patients' Bill of Rights. I urge the leadership not to delay in bringing the Dingell-Ganske bill to the floor for a vote.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. WELDON) is recognized for 5 minutes.

(Mr. WELDON of Florida addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

GENERAL LEAVE

Ms. WATSON of California. Mr. Speaker, I ask unanimous consent that Members have 5 days to revise and extend their remarks on the subject of my special order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

THE LEGACY OF CALIFORNIA STATE SUPREME COURT JUSTICE STANLEY MOSK

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WATSON) is recognized for 5 minutes.

Ms. WATSON of California. Mr. Speaker, today I stand before this august body to pay tribute to a superb colleague, friend, and fighter for justice, the late Honorable California State Supreme Court Justice Stanley Mosk.

As a State Supreme Court Justice, Stanley Mosk fought repeatedly for civil rights and individual liberties. He constantly strove for fairness for all Californians. Judge Mosk did not view his judicial task as a job, but as a mission for humanity. Judge Mosk understood the pain of racism.

It was during his election to statewide office that his faith was made an issue. Judge Mosk, as a Los Angeles Superior Court judge, threw out a restrictive real estate covenant that prevented a black family from moving into a white neighborhood. A year later, the U.S. Supreme Court voided such covenants.

It was Judge Mosk's ability to relate to the pain caused by racism that allowed him to approach legal decisions with a touch of humanity and fairness.

Even before his career as a judge, Mosk had the ability to tell the difference between right and wrong. As a State Attorney General in the late 1950s and early 1960s, he established the office's civil rights division, and helped to persuade the Professional Golfer's Association to drop its whites-only rule.

Judge Mosk, a longtime Democrat and self-described liberal, was appointed to the State's highest court in 1964 and served until his death, a 37-year tenure that made him the State's longest-serving Justice. During that time, he wrote 1,500 opinions.

Judge Mosk often produced opinions separate from the court majority. He opposed the death penalty, but also showed flexibility and a knack for anticipating political currents. His decisions continued to reflect his quest for fairness and the desire to correct existing wrongs.

In 1972, Judge Mosk's ruling extended to private developers a law requiring a study of each major project's likely environmental impact and ways to avoid the harm.

□ 1930

In 1978, Judge Mosk ruled to ban racial discrimination in jury selections.